

Town of Ignacio

Land Use Application

DO NOT START WORK UNTIL RECEIVING APPROVAL FROM TOWN OF IGNACIO

Applicant Name:	
Phone:	Mobile:
Owner Name:	
Phone:	Mobile:
Mailing Address:	
Location of Property:	
Fill out applicable informa	tion and attach all necessary paperwork
1 Acreage of Request	If more than 5 acres, please see Municipal Code Chapter 2, section 5-3 for regulations
Parcel Number	www.arcims.laplata.co.us
2 Current Zoning District	
Do you need to Rezone?	No If yes, please see Planning Staff
3 Special Uses?	S No
If yes, please describe:	
4 Parking	
Parking spaces currently:	Anticipated parking spaces:
Please attach a Parking Plan	Attached:
5 Does driveway intersect a State Highway?	Yes No
If yes, please attach proof of permit su	bmitted to CDOT Attached:
6 Are you moving a mobile or modular hom	e? Yes No
If yes, please attach a copy of La Plata	County transport permit. Attached:
7 Please Describe the Project (attach more s	sheets if necessary)
	
Please see attached Fee Scho	dule for correct Land Use Application Fees
	••
	Date:
Town Staff Received:	Date:
Other Signature(s):	Date:
Amount Paid:	Date Paid: